Partners in Change: Alcohol and Drug Abuse in Saskatchewan

Alcohol and Drug Abuse Advisory Council

Annual Report to the Minister

2000 - 2001

January 2002

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Letter to the Minister

January 2002

Honourable John T. Nilson, Q.C.
Minister of Health
Legislative Building
REGINA SK S4S 0B3

Dear Minister Nilson:

On behalf of the Alcohol and Drug Abuse Advisory Council (ADAAC), I am pleased to present the 2000 2001 Annual Report for your consideration.

The title of this report, *Partners in Change* speaks to the Council's continued commitment to working with government, health districts and other stakeholders in the area of alcohol and drug services.

In accordance with ADAAC's Terms of Reference, this report covers activities of Council for the fiscal year ending March 31, 2001. It includes information on alcohol and drug topics of particular interest to Council and proposed priority areas for the 2001-2002 year.

Respectfully,

Rick Peters
Chairperson
Alcohol and Drug Abuse Advisory Council

102-04542/

ALCOHOL AND DRUG ABUSE ADVISORY COUNCIL REPORT TO THE MINISTER (2000-2001)

Introduction

The following report describes the activities and composition of the Alcohol and Drug Abuse Advisory Council (ADAAC) for 2000-2001.

Terms of Reference

The Alcohol and Drug Abuse Advisory Council was established through a Minister's Order in 1994 by the Saskatchewan Minister of Health.

The Alcohol and Drug Abuse Advisory Council advises the Minister of Health, Saskatchewan Health and the Community Care Branch on policies, programs and priorities aimed at meeting the needs of the people of Saskatchewan related to health promotion, prevention, intervention and treatment of alcohol and drug abuse.

Tasks

The Council will meet three to four times per year, at least two of which will be with the Minister of Health to undertake the following:

➢ Policy Issues

Recommend policies which:

- promote healthy attitudes and behaviour regarding alcohol and drug use;
- promote greater community awareness of alcohol and other drug issues;
- promote greater community action to reduce alcohol and other drug abuse;
- assist in intervening in the harmful or hazardous use and the abuse of alcohol and other drugs through prevention, intervention and recovery services;
- assist chemically dependent persons to change their behaviour through the process of recovery; and
- address the needs of specific target groups such as youth, women and aboriginal people.

➢ Planning Activities

- Recommend strategies to identified needs, concerns and issues related to alcohol and drug abuse in Saskatchewan.
- Identify unmet or emerging needs and recommend initiatives to take advantage of new or existing opportunities.
- Contribute to the development of strategic ideas and suggestions for Alcohol and Drug Services.

➢ Evaluation

- Prepare annual reports on the activities of the Alcohol and Drug Abuse Advisory Council.
- Review progress toward meeting established objectives.

Council Membership

The Alcohol and Drug Abuse Advisory Council will have up to14 members. A designated manager from the Community Care Branch of Saskatchewan Health will attend all meetings in an ex-officio capacity. Membership will include a representative number of people who will effectively represent the interests of individuals and families who experience alcohol and drug abuse problems.

Membership will also include representatives from urban, non-urban areas, and the north; individuals who are able to represent consumers or family members; health professionals with expertise in various areas of alcohol and drug abuse; and a designated member from the Community Care Branch of Saskatchewan Health.

Nomination Appointment and Organization

Any person or agency can nominate another person for a position on Council. All nominations for the provincial body shall be submitted to Saskatchewan Health. The Minister of Health will make the appointments.

Members are appointed for three-year terms. Members are eligible to serve for two consecutive three-year terms.

The Minister of Health will appoint a chairperson from the members of the Council to serve a one-year term. No person shall remain in the chair for more than three consecutive years.

Resources

Council members shall be provided with an honorarium for Council meetings at a rate approved by the Government of Saskatchewan. Travel and sustenance costs are to be reimbursed at the current government rates.

A Saskatchewan Health Manager, in his/her ex-officio capacity, or designate, will attend all meetings to provide expert advice and is responsible for maintenance of records and ensuring secretariat functions are provided to assist in the effective functioning of the Council.

Reporting

The Alcohol and Drug Abuse Advisory Council will provide to the Minister of Health a report of its business for the preceding fiscal year by June 30th of each year. The Council may provide other reports and studies it undertakes at any time during the year.

The Council will respect the confidentiality of the information that is provided to it.

Fostering Links

The Saskatchewan Alcohol and Drug Abuse Advisory Council remains committed to examining issues related to alcohol and drug services in the province of Saskatchewan. During the 2000-2001 year, Council had the opportunity to create linkages and share information with a number of organizations listed below.

- **Saskatchewan Mental Health Advisory Council (MHAC)**

  The Alcohol and Drug Abuse Advisory Council maintains a strong link with the MHAC. In August 2000, a joint subcommittee of MHAC and ADAAC presented *Recommendations to the Associate Minister of Health Regarding Concurrent Disorders.* Both MHAC and ADAAC will work collectively to see the report distributed.

- **Saskatchewan Pharmaceutical Association**

  Council continues to keep abreast of new developments relating to the distribution of methadone in the province.

- **Population Health Branch, Saskatchewan Health**

  Members of the Population Health Branch described the Population Health Promotion Framework to Council. Council discussed this framework and the implications for Alcohol and Drug Services.

- **Provincial Strategy Team on HIV, Blood Borne Pathogens and Intravenous Drug Use**

  Council continued to receive updates from the Provincial Strategy Team that is due to release its report and recommendations in early 2002.

- **Alcohol and Drug Services Provincial Working Group**

  Council will continue discussions with the Provincial Working Group in order to co-ordinate work on issues of mutual concern.

Issues for ADAAC in 2000-2001

Throughout 2000-2001, ADAAC deliberated on a number of issues important for the planning and delivery of alcohol and drug services in Saskatchewan. Many of these issues were also identified as priority areas in last year's annual report, while some emerged as Council performed its role through 2000-01.

- **Child and Youth Issues**

  Child and youth issues are a consistent theme at ADAAC meetings and are a priority in the planning and delivery of alcohol and drug services. Council remains dedicated to exploring effective practices in providing alcohol and drug services to children and youth.

- **Addiction Needs of Offenders**

  Treatment issues for incarcerated individuals was a point of discussion for Council over the last year. Drug use, particularly intravenous drug use, by incarcerated populations has unique challenges. The spread of HIV and other blood borne pathogens is increasingly prevalent in both the provincial and federal institutions. Council agreed that there was a great deal of variability in terms of alcohol and drug services in these institutions throughout the province.

- **Injection Drug Use**

  Problems associated with injection drug use are complex and the costs in human terms are great. Council reviewed a video produced by "Odd Squad Productions" entitled " Through a Blue Lens". The video, filmed entirely by the City of Vancouver police, portrays the lives of four injection drug users and their battles to get "clean". Council members discussed the video in terms of a harm reduction approach.

- **Partnerships**

  Council recognizes that many individuals have complex needs that require a variety of services and treatment options. Individuals are best treated through an integrated case management approach where a team of professionals provide responsive, holistic and effective human service that contributes to the well being of individuals with complex needs.

- **First Nations and Métis Treatment Issues**

  Council continues to consider the unique treatment needs of First Nations and Métis people. Issues concerning alcohol and drug services available to northern First Nation and Métis communities continue to be a concern.

- **Rural Methadone Maintenance**

  Members discussed the location of Methadone Clinics in Saskatchewan and service available for people in need that reside in rural Saskatchewan. Council is in support of the continued development of a comprehensive methadone maintenance program in the province, and will continue to explore this issue further.

- **Youth Treatment**

  Council discussed gaps in service related to youth treatment. Youth need a place to go for stabilization and assessment such as a safe house atmosphere where addiction, mental health and educational needs can be met. It is particularly difficult to find help for rural youth.

Concurrent Disorders

Concurrent disorders and treatment issues were examined by a joint subcommittee of the Alcohol and Drug Abuse Advisory Council (ADAAC) and the Mental Health Advisory Council (MHAC). In August 2000 the subcommittee report, *Recommendations to the Associate Minister of Health Regarding Concurrent Disorders* was produced. In order to support people who have a concurrent diagnosis of a mental health problem and alcohol and drug problem both Councils recommended the following:

Recommendation 1

Development and dissemination of a clearly articulated policy for individuals who are currently on prescription medication for the amelioration of symptoms related to a mental health problem be included and accommodated in the existing alcohol and drug treatment programs. As well, individuals with a substance abuse problem should be included and accommodated by mental health services.

An Edmonton study found one-third of mentally ill clients had a substance abuse problem. Among illicit drug users almost one-half had a mental illness*

Recommendation 2

The provincial policy must clearly articulate and ensure access to provincially funded addiction treatment services for individuals who are on medication prescribed by a doctor. The policy must state that programs must not require individuals to discontinue their medication prior to treatment. The policy should also outline a process for reviewing medications with an individual's physician/psychiatrist where there is concern that the medication may interfere in the recovery process.

Recommendation 3

Mental health and addiction programs work toward developing an integrated service delivery model. The service delivery model should:

- be multidisciplinary in approach;
- address mental health problems and addiction problems simultaneously;
- provide a comprehensive integrated continuum of services including intake, assessment, case management and follow-up;
- provide for a comprehensive integrated assessment for individuals; and
- address social issues impacting recovery (housing, food, and employment).

(Centre for Addiction and Mental Health (CAMH)

Recommendation 4

Education resources become available and distributed to inform the public, mental health and addiction workers about the differences between psychoactive and psychotropic medications. Education for patients about their medications is key to maintaining them on their medications and preventing relapse. There is a difference between medication required to maintain stability for a mental health problem and medication used for recreation. Mental stability is required in order to address addiction problems and prevent relapse for both conditions.

Recommendation 5

Training should be provided to mental health and addiction workers regarding the management and treatment of people with a concurrent diagnosis of substance abuse and a mental disorder. Ideally, training should involve addiction workers and mental health workers simultaneously.

Recommendation 6

Particular attention needs to be to be paid to young people between the ages of 15 and 24 who may experience a "first break" with only the occasional use of alcohol or drugs. This does not always mean that the young person is addicted to substances, but the consequences of substance use may lead to mental health problems with minimal use. It is important to clearly articulate these risks to young people. It is also important that services screen young people hazardously involved with substances to determine if there are underlying mental health problems.

Recommendation 7

Accountability – Saskatchewan Health needs to communicate these standards of service for people with concurrent disorders clearly to District Health Boards; community based programs, physicians and the public. Where districts are responsible for monitoring community based programs Saskatchewan Health should provide the required support to ensure that the District Health Boards are able to require accountability for implementation from community-based organizations. Provincially funded programs need to adhere to provincial policies and standards.

Harm Reduction: Theory and Practice in the Province of Saskatchewan

Over the last year the Alcohol and Drug Abuse Advisory Council considered a number of issues associated with alcohol and drug abuse in the Province of Saskatchewan.
A consistent theme that emerged in ADAAC's discussions was the need to expand the use of harm reduction strategies in addiction treatment. Harm reduction is included in the Saskatchewan Model of Recovery Services (SMRS), a model developed by Alcohol and Drug Services in Saskatchewan. Clinical Principle Twelve of the SMRS states:

Alcohol and Drug Services supports harm reduction as part of a broad public health approach to address the problems associated with alcohol and other drug use.

- Harm reduction is defined as a policy or program directed towards reducing or containing the adverse health, social and economic consequences of alcohol and other drug use without requiring a reduction in consumption or abstinence from substance use.

- Harm reduction allows for the "right help at the right time".

Harm reduction has many definitions within the addictions field and has not been universally defined among professionals. The addictions literature appears to agree that harm reduction may be a broad or narrow term depending on how it is perceived. The continuum of harm reduction ranges from legalizing drugs to controlled usage plans.

Without condoning or promoting use, minimizing the effects of drug addiction on psychological and social well being has proven to lessen the risk to both the drug dependent individual and public health in general.

The Health Canada publication, *The Best Practices Treatment and Rehabilitation for Youth with Substance Use Problems* identifies harm reduction as an appropriate treatment philosophy and focus of youth addictions treatment.

The harm reduction approach is not a new concept and has been practised world wide for a number of years. Examples include safe graduation and designated driver programs. However, the emergence of HIV/AIDS in the early eighties provided a catalyst for implementing a harm reduction approach to injection drug use that, in turn, brought needle exchange and methadone maintenance treatment programs to the forefront of harm reduction strategies.

Priority Areas for 2001-2002

ADAAC has identified a number of priority areas it would like to review in the upcoming year. They include the following:

- Concurrent Disorders and Treatment Issues
- Contributing to the work of the Provincial Strategy Team on HIV/Blood Borne Pathogens and Intravenous Drug Use
- Treatment Issues for First Nations and Métis people
- Methadone Maintenance
- Rural Access to Service
- Harm Reduction Strategies
- Youth Treatment Issues
- Population Health
- Addiction and Seniors
- Primary Health Care Teams
- Cross Cultural Awareness

Appendix A - Council Membership and Biographies

Current members of the Alcohol and Drug Abuse Advisory Council are:

Mr. Richard Peters, Chairperson, Health Professional - Rural Representative
Co-ordinator of the Addiction Services, North Central Health District

Mr. Peters is currently the Co-ordinator of Addiction Services for the North Central Health District and is responsible for alcohol and drug services, gambling counselling and tobacco demand reduction programs. Prior to his employment with the Health District, Mr. Peters was the Director of the Addiction Counselling Unit at the Melfort Hospital.

Ms Joan Brooks, Health Professional - Urban Representative
Instructor, Faculty of Chemical Dependency, SIAST, Woodland Campus

Ms Joan Brooks is an Instructor at the Faculty of Chemical Dependency Program at SIAST, Woodland Campus in Prince Albert. She has been a Training Consultant, Extension Division, at SIAST, a Case Management Officer with Corrections Canada, and a Research Officer 3 with the Department of Northern Saskatchewan, Economic Development, as well as an elementary and high school teacher. Ms Brooks is also the Human Resource Development Consultant with her consulting firm, *Brooks and Associates Consulting and Training,* where she provides human resource planning, personal counselling, strategic planning, and proposal writing. She is a member of the Addictions Intervention Association, the Saskatchewan Life Skills Association, and the Interprovincial Association on Native Employment. Ms Brooks has a Bachelor of Education, and is working towards a Masters degree in Psychology. Over the years Ms Brooks has attended a number of workshops and seminars in the areas of addictions, cultural awareness, cults, life skills coach training, and various computer courses. Ms Brooks has made presentations on grief counselling, facilitates group therapies and self care workshops.

Dr. Peter Butt - Physician Representative
Physician with the Saskatoon Health District

Dr. Peter Butt is currently the Director, Division of Northern Medical Services and Associate Professor with the Department of Family Medicine at the University of Saskatchewan. Dr. Butt is well informed with respect to alcohol and drug abuse issues. He completed a certified course on Community Addiction and Advanced Counsellor Training from the Nechi Institute on Alcohol and Drug Education. In addition, Dr. Butt has lectured on Alcohol Risk Assessment and Intervention and served as a member on the National Alcohol Risk Assessment and Intervention Task Force of the College of Family Physicians of Canada. His clinical practise includes the treatment of Opiate dependency.

Mr. Angus Campbell - Representative from Saskatoon (Retired)

Born in 1917 in Swift Current, Mr. Angus Campbell has played a key role in education and rehabilitation in the field of alcohol and drug abuse and has been instrumental in raising public awareness of the problem of chemical dependencies. He began his career in 1955 as the first counsellor in the Saskatchewan Bureau on Alcoholism, doing pioneer work in research and public education on alcohol dependency. In 1959, after graduating from the Yale School of Alcohol Studies, Mr. Campbell became supervisor of the Bureau's first counselling and referral centre in Regina. He also founded the Saskatoon Alcoholism Society, which led to the establishment of the multidiscipline, in-patient Calder Centre. Mr. Campbell was the first director of the centre from 1967 to 1975, designing and administering its programs and helping industry develop alcoholism programs in the workplace. In 1976 the Moose Jaw District Alcoholism Society named their intervention and recovery facility the Angus Campbell Centre in his honour.

From 1975 until retirement in 1983, Mr. Campbell was Director of Community Services with the Alcoholism Commission of Saskatchewan. From 1980 to 1993 he served as Chairperson of the St. Louis Alcoholism Rehabilitation Centre, the first treatment facility in Canada for those convicted of impaired driving. In 1993 Mr. Campbell published a history of Saskatchewan's alcohol rehabilitation efforts called *The Grand Vision.* He was awarded the medallion of distinction by the Canadian Centre on Substance Abuse, and received the Canada 125 Commemorative Medal. In 1997 he was awarded the Saskatchewan Order of Merit medal. Mr. Campbell was awarded the Order of Canada in 1998.

Mr. Phillip Durocher Aboriginal/Northern - Saskatchewan representative
Executive Director, Ile-A-La-Crosse Friendship Centre

Mr. Phillip Durocher is currently the Executive Director of the Ile-A-La-Crosse Friendship Centre. He is Vice-chair for the Aboriginal Friendship Centres of Saskatchewan, Vice-chair to the National Aboriginal Headstart Committee, and a member of the Keewatin Yatthé District Health Board. Mr. Durocher has a strong understanding of Aboriginal culture, values and traditions, and has experience in management of community-based programs, financial management, program development and evaluation.

Dr. Roumen Milev - Physician/Psychiatrist representative
Consultant Psychiatrist, Regina Mental Health Clinic

Dr. Roumen Milev is the Senior Consultant Psychiatrist with the Regina Mental Health Clinic and Clinical Lecturer, Department of Psychiatry, College of Medicine, University of Saskatchewan. His qualifications include: FRCPC, MD (Medical Doctor), Medical Academy, Sofia Bulgaria, PhD in Psychiatry, Bulgarian Academy of Science, Sofia Bulgaria, Speciality in Psychiatry, Department of Health, Sophia, Bulgaria, and MRC Psych, Royal College of Psychiatrists, London, UK.

Dr. Milev is the recipient of numerous prizes and awards for his research, presentations and work in psychiatry. He has published two textbooks while in Bulgaria: *Psychopathology. Textbook for Students of Psychology, Pedagogy, Law and Pedagogy for Mentally Handicapped*, and *Psychopathology. Textbook for Students of Psychology, Pedagogy, Law and Pedagogy for Mentally Handicapped. Second Edition.* Dr. Milev has also presented numerous monographs and dissertations and has published numerous articles in various scientific journals. Dr. Milev is a current member of numerous associations including the Bulgarian Psychiatric Association, the Royal College of Psychiatrists, the Canadian Medical Association/Saskatchewan Medical Association, the Canadian Psychiatric Association and the Saskatchewan Psychiatric Association.

Mr. Roger Morin - Aboriginal/Metis representative
Corrections Worker, North East Corrections, La Ronge

Mr. Roger Morin is a Corrections Worker employed by Saskatchewan Justice at North East Corrections in La Ronge. He has been alcohol and drug free for 11 years.
Mr. Morin attended the Saskatoon Correctional College where he became a certified Corrections Worker; he is a journeyman plumber and has attended numerous short courses on co-dependency, interviewing, counselling and communications skills, holistic healing, reality therapy, and intervention. He is of Métis ancestry, a respected elder, and pipe carrier. He is an assistant facilitator for the Mamawetan Churchill River Health District New Trials Program, and is in the process of establishing a Community Residential Facility for the federally sentenced northern men on conditional release in the La Ronge district. Mr. Morin is a member of the Métis Society of Saskatchewan (also sits on the Advisory Committee for this association), and MACSI (for the northern region).

Ms Dianne Nielsen, Health Professional - Rural Representative
Executive Director, PACADA

Ms Dianne Nielsen is currently the Executive Director of the Prince Albert Council on Alcohol and Drug Abuse (PACADA), an evening instructor with the Chemical Dependency Program at SIAST, and an evening instructor for Social Work with the University of Regina. She is currently on the board of directors of the PACADA. Her past experience includes working as a substance abuse counsellor with federal correctional centres, an Advisory Board Member with the Chemical Dependency Program at SIAST, as well as serving on various provincial working groups and interagency committees. She is currently affiliated with the Prince Albert Methadone Steering Committee, the Prince Albert FAS Task Group, the MACSI Review Committee, and is on Saskatchewan Association of Chemical Dependency Workers executive. Ms Nielsen's academic background includes a Bachelor of Social Work, Alcohol and Chemical Dependency Studies Certificate and Certificate in Reality Therapy. She is currently attending on-going management training.

Mr. Greg Pauli, Health Professional - Rural representative
Addictions Counsellor, Greenhead Health District

Mr. Greg Pauli is currently the Manager of Adult Programs with the Calder Treatment Centre. His past experiences include being an Outpatient Addictions Counsellor for the Greenhead Health District, resource person for the Provincial Program Support Unit, working with youth as a Substance Abuse Counsellor at the Whitespruce Youth Treatment Centre, and is past Chairperson of the Saskatchewan Association of Chemical Dependency Workers. Mr. Pauli's academic background includes a Bachelor of Arts Advanced in Sociology and Youth Care Worker Certificate.

Ms Lori Postnikoff, Health Professional - Rural representative
Field Officer, Saskatchewan Pharmaceutical Association

Ms. Lori Postnikoff is currently a Field Officer for the Saskatchewan Pharmaceutical Association. She is responsible for administering, interpreting and educating Saskatchewan pharmacists on the *Saskatchewan Pharmacy Act* and Bylaws, as well as relevant and pertinent federal legislation.

In 1994-95, Ms Postnikoff was a member of the Saskatchewan Alcohol and Drug Abuse Council Harm Reduction Partnership and assisted with drafting new methadone guidelines for Saskatchewan. She has worked closely with the Saskatoon City Police and the Saskatchewan RCMP to identify trends in the prescribing of prescription drug products and the channelling of prescription drug products to the illicit drug market. Her academic background includes a Bachelor of Science in Pharmacy. In addition, Ms Postnikoff was involved in submitting a position paper on Ritalin.

Ms Lyn Rhode, Health Professional - Urban representative
Pharmacist/owner Price Watcher's - Hewgill's Drug Store, Saskatoon

Ms Lyn Rhode, a Pharmacist, is the co-owner of Price Watchers - Hewgill's Drug Store in Saskatoon. She graduated from U of S in 1966 with a Bachelor of Science in Pharmacy. Ms Rhode has been a member of the Saskatchewan Pharmaceutical Association in a variety of capacities and is currently a member of its Insurance and Registration and Licensing Polices Committees. In her practice, she has considerable experience with people who abuse and misuse drugs. Because of her interest in this area, she has implemented many innovative practices to deal with these individuals. An example is that she instigated the special compensation program for pharmacists providing methadone services. Her pharmacy is the largest provider in Saskatoon and area under the Methadone Maintenance Program. Although no longer involved, Ms Rhodes has spent many hours volunteering her time in various community groups.

Ms Marion Rieger, Health Professional - Urban representative
Nursing Educator- Nursing Education Program of Saskatchewan

Ms Marion Rieger has over twenty years experience in the helping profession and has worked in the substance abuse field for more than seventeen years in a staff and professional development capacity. She retired in December 1999 after five years as Executive Director of the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS). Currently she instructs part time in the Nursing Education Program of Saskatchewan. Prior to her position with RPNAS, Ms Rieger was an Education and Extension Co-ordinator with the provincial government and SADAC. Ms Rieger's academic background includes a Bachelor of Arts, Registered Psychiatric Nurse, Reality Therapy Certificate, and Master of Education in Educational Psychology.

Ms Lilliane Sabiston, Rural representative
Vice Chair of the Touchwood - Qu'Appelle Health District

Ms Lilliane Sabiston is a self-employed farm partner and co-owner of Sabiston's Wood Grain Products near Kelliher Saskatchewan. Her interests in promoting family farms and farm issues have led her to become involved in a variety of committees. She has been very involved in the Saskatchewan Women's Agricultural Network (SWAN) as a board member and represents SWAN's interests when she sits on numerous affiliated committees and boards with (some) common interests. Ms Sabiston is the current Vice Chair of the Touchwood-Qu'Appelle Health District, Chairperson of the Farm Stress Advisory Committee, and board member of the Prairie Women's Health Centre of Excellence. She had been appointed to the Board of Trustees of the Carlton Trail Regional College for 7 years. Ms Sabiston established valuable networks while attending various workshops and conferences over the years.

Mr. Wilfred Whitehawk - Health Professional - Urban representative
Addictions Specialist, Yorkton Tribal Council

Mr. Wilfred Whitehawk is an Addictions Specialist with the Yorkton Tribal Council. He has five years experience in the additions field. Mr.Whitehawk has a certificate in Addictions Counselling.

Appendix B – Summary of Expenditures

	1998-99	1999-00	2000-01
Honorarium	$5,495	$5,143	$3,072
Other Costs (e.g. travel/sustenance/meetings)	7,301	6,737	6,113
Out-of-Province Conferences			
Facilitator/Consultant Fees		1,509	
Total Expenses	$12,796	$13,389	$9,185

Appendix C – Presentation Guidelines for Community Interest Groups

Individuals and groups may requests time at ADAAC meetings make either verbal or written presentations to the Council. These presentations provide an opportunity for interest groups and individuals to bring issues before ADAAC and for the Council to receive information/ education regarding specific issues.

Written Presentations:

Send your written request and presentation outline to:

Pat Inglis
Saskatchewan Health
Community Care Branch
3475 Albert Street
Regina, Saskatchewan
S4S 6X6

Telephone: (306) 787-7901
Fax: (306) 787-7095

1. Applicants will be notified within thirty (30) days of receipt of request regarding the meeting date at which their presentation will be discussed. ADAAC response will be provided within forty-five (45) days of presentation.

2. Presentation outlines should be no longer than two (2) pages and should contain information regarding the specific issue discussed (including background), the presenters' involvement with the issue, and any recommendations regarding the issue, including how recommendations will address the problem or issue.

Verbal Presentations:

1. As in Written Presentations #1.

2. Applications will be notified within thirty (30) days of receipt of request regarding the date, time and place of the meeting at which they will make their presentation. Council response to the presentation will be provided within forty-five (45) days of the presentation.

3. Presentation outlines should be no more than one (1) page and should be formatted to provide a ten (10) minute verbal presentation to Council, and allow ten (10) minutes for questions, for a total of twenty (20) minutes.